TRICARE –

Your Military Health Plan

Beneficiary Education Seminar

TRICARE Hampton Roads

January 20
05

Beneficiary Education Seminar: Part One

- **Welcome to TRICARE**

- ***Military Health System***
- ***What is TRICARE?***
- ***The History of TRICARE***

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Military Health System

- Integrated health care delivery system
- Health care provided through military treatment facilities (MTFs) and network of civilian health care providers
- Supports readiness and ensures civilian resources are of the highest quality available
- Close to 100 hospitals and more than 500 clinics worldwide
- Serves an eligible population of approximately 8.9 million beneficiaries

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What is TRICARE?

- DoD's integrated health care delivery system
- Provides health benefits and services to active duty, reserve component, and retired members of the uniformed services, their families, and survivors worldwide
- Available to Army, Navy, Air Force, Marine Corps, Coast Guard, Reserves, National Guard, U.S. Public Health Service (USPHS), Reserve Component members on active duty > 30 days, and the National Oceanic and Atmospheric Administration (NOAA)

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History of TRICARE

- Military Medicare—1956 Dependents Only
- CHAMPUS—began in 1966
- CHAMPUS Reform Initiative—1988
- TRICARE—1994 Defense Authorization Act
- 2005 marks 11 successful years of the TRICARE Program!

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Beneficiary Education Seminar: Part Two

- **Recent Changes in TRICARE**
- ***Changes in 2004***
- ***Program Improvements/Enhancements***

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Recent Changes in TRICARE

- Transitioning to three TRICARE regions in the 50 United States supported by three contractors that provide health care services and support
- Improving access to health care overseas
- Enhancing the retail pharmacy benefit—making it more portable and providing continuity across all TRICARE regions

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Recent Changes in TRICARE

- Streamlining claims processing for beneficiaries eligible for TRICARE and Medicare (dual-eligible)
- Globalizing marketing and education for TRICARE beneficiaries and providers—a single look and feel worldwide
- Offering toll-free access to a single customer service resource—the TRICARE Information Service

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TRICARE Regions

- TRICARE North
- TRICARE South
- TRICARE West
- TRICARE Europe
- TRICARE Pacific
- TRICARE Latin America and Canada

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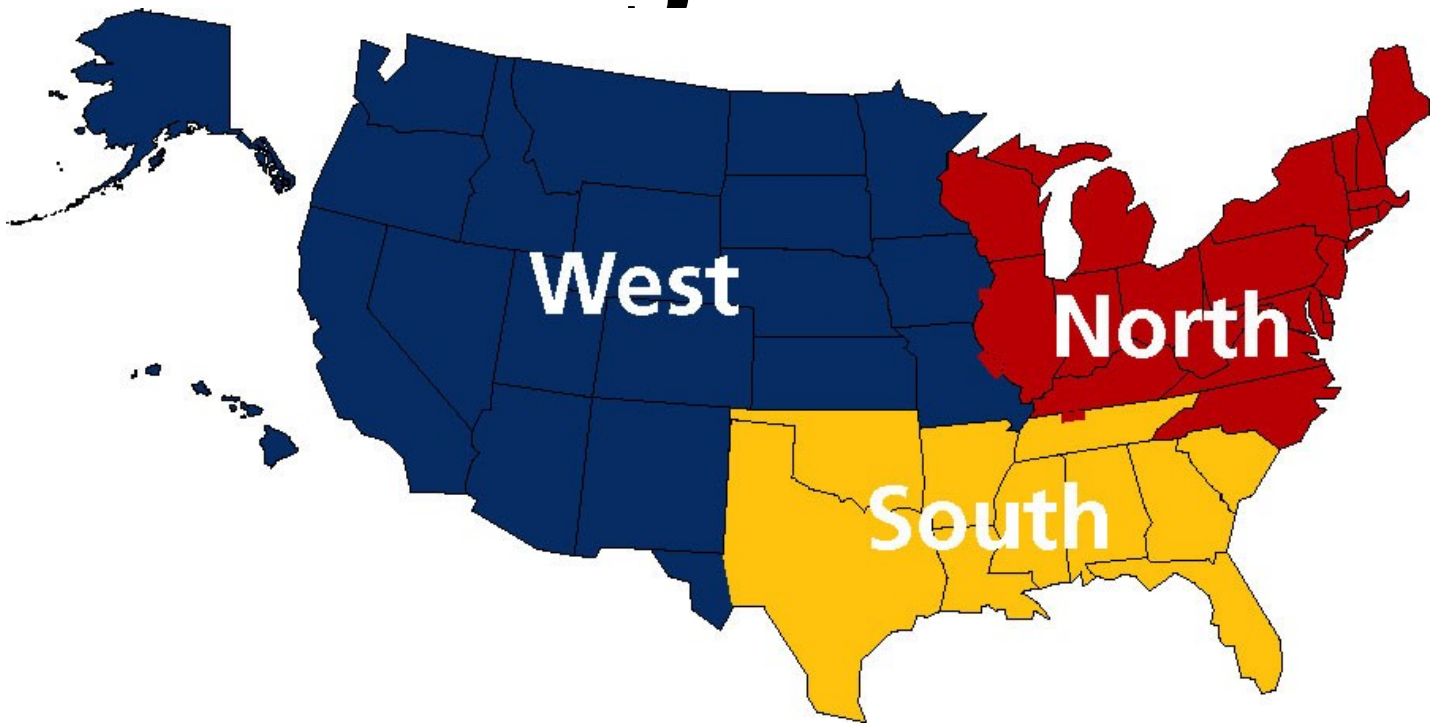
New TRICARE Regions



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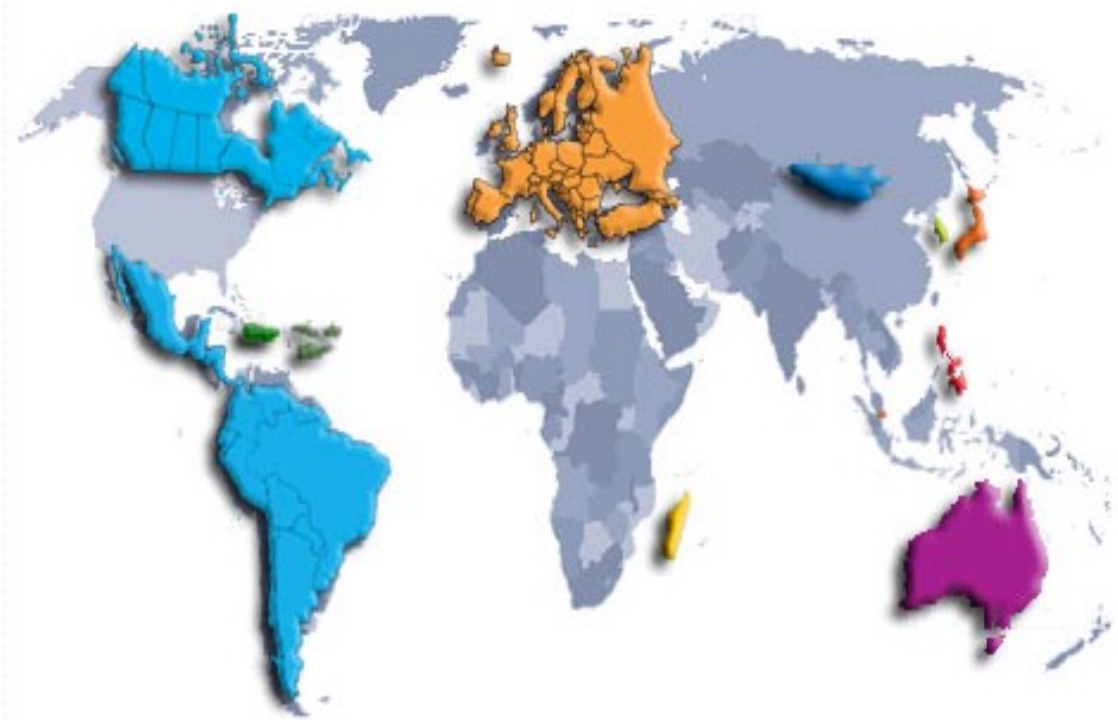
TRICARE Overseas Regions



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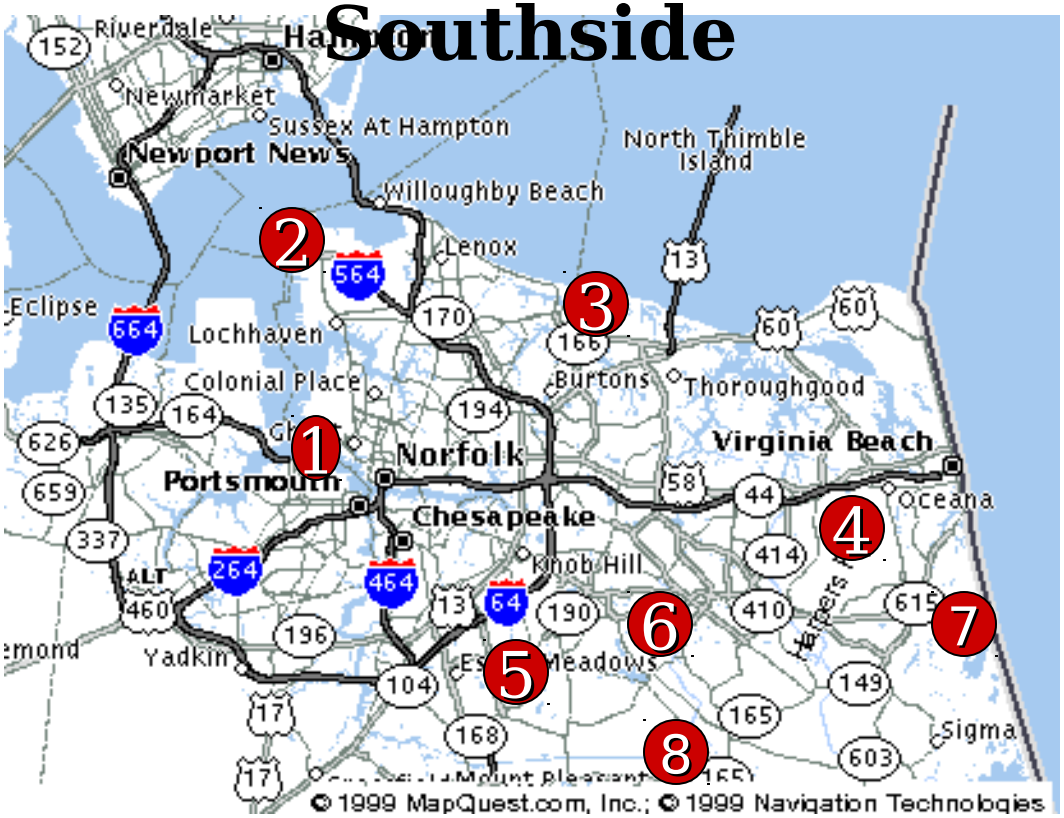
Health Care in Tidewater Southside



1	NMCP
2	Sewells Point
3	Boone Clinic
4	Oceana
5	TPC Chesapeake
6	TPC Virginia Beach
7	Dam Neck
8	Northwest

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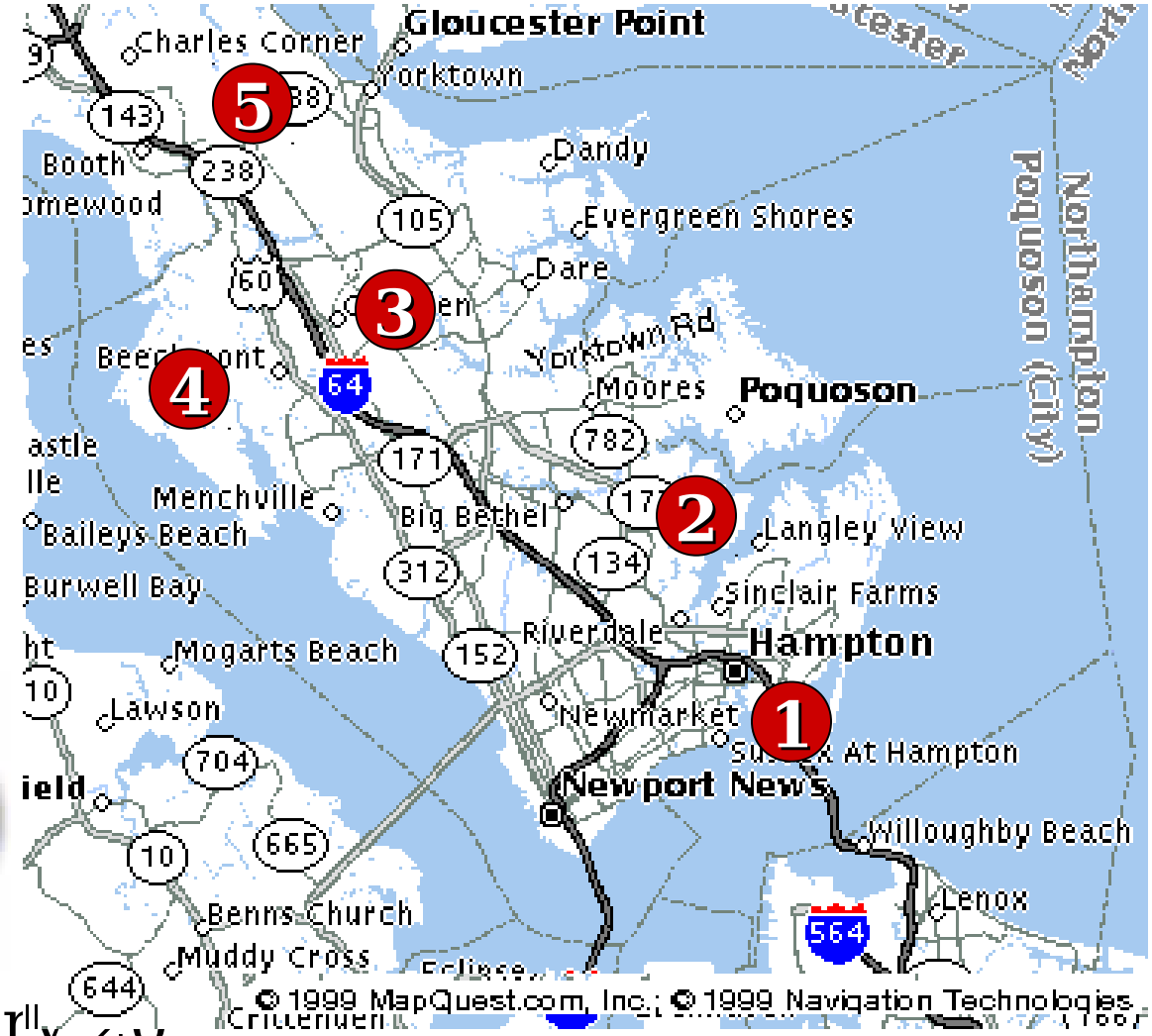
Health Care in Tidewater - Peninsula



1 Fort Monroe
2 Langley
3 Prime Eagle
4 Fort Eustis
5 Yorktown

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TRICARE Regional Contractors

- TRICARE North Region—Health Net Federal Services, Inc. (Health Net)
- TRICARE South Region—Humana Military Healthcare Services, Inc. (Humana Military)
- TRICARE West Region—TriWest Healthcare Alliance (TriWest)
- Overseas regions do not have health care services and support contractors
  - Health care is delivered by MTFs and host nation preferred provider networks or International SOS in remote countries

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Improved Access to Health Care Overseas

- TRICARE Global Remote Overseas Health Care
- International SOS Assistance, Inc.
  - Implementation began September 2003
- Humana Military Healthcare Services, Inc.
  - For active duty service members and their families located in the Commonwealth of Puerto Rico
  - Delivery of health care services is scheduled to begin May 1, 2004
- Resulting in:
  - Access to quality health care for active duty service members and their families residing in remote overseas locations
  - Better customer service
  - Improved portability

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Enhanced Retail Pharmacy Benefit

- Effective on June 1, 2004
- Administered by Express Scripts, Inc.
- Offers *greater access* to pharmacies when traveling outside of the North Region
- Provides *continuity* of pharmacy benefits and a consistent application across all TRICARE regions
- Improves *quality of care* by enabling pharmacists to have complete access to prescription data

***Overseas access is limited**

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Streamlined Claims Processing for Dual-Eligible Beneficiaries

- Wisconsin Physicians Service (WPS) is the new claims processor for all dual beneficiaries—*those eligible for both TRICARE and Medicare*
- New process will be implemented nationwide with the transition to the new TRICARE regions
- Providers will submit claims to Medicare and they will cross-over to TRICARE electronically
- All dual-eligible beneficiaries will receive a letter from WPS

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TRICARE Marketing and Educat

- Creating a national suite of marketing and educational materials
- Partnering with TRICARE Management Activity (TMA) and the regional contractors
- *One voice, one message, consistent, single look and feel* for educational and marketing materials worldwide
- Ensuring accuracy and quality

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TRICARE Information Servic

- A single resource for beneficiaries
- Provides TRICARE information and refers beneficiaries to partner call centers
- Toll-free access to customer service representatives
  - 1-888-DoD-CARE (1-888-363-2273)
  - Monday-Friday (except federal holidays)
  - 8 a.m. to 8 p.m. Eastern time
  - 24-hour access to an interactive voice response system
  - Will be phased out within the next two years and replaced with regional contractors' phone numbers

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Beneficiary Education Seminar: Part Three

- **TRICARE North Region**

- ***TRICARE North Region***
- ***North Region Transition***
- ***Health Care Partners***
- ***Behavioral Health Partner***
- ***Claims Processor***

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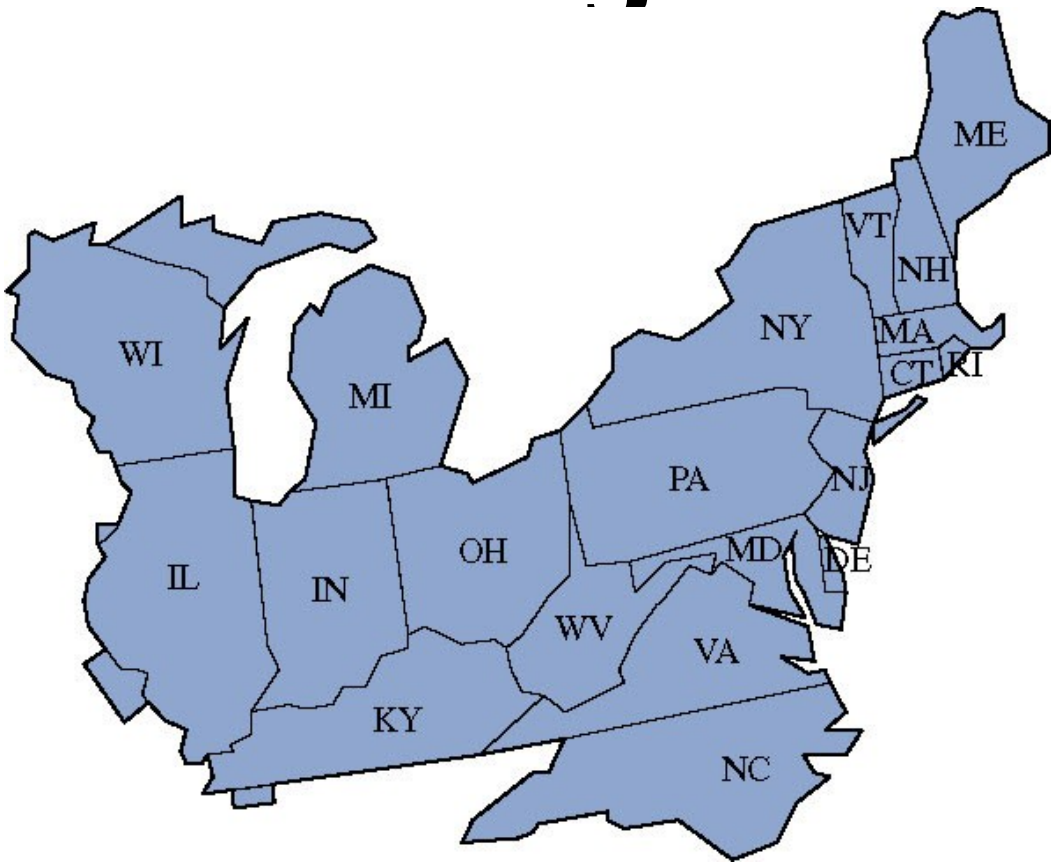
TRICARE North Region



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North Region Transition

- Transition to the new TRICARE North Region phased in from July through September 2004
- Virginia*, West Virginia*, North Carolina, Kentucky, Ohio, Indiana, Illinois, Michigan, Wisconsin, and portions of Iowa (Rock Island Arsenal area), Missouri (St. Louis area) and Tennessee (Ft. Campbell area)—July 1, 2004
  - * Eastern W. Virginia and Northern Virginia near Washington D.C. (former Region One) will transition on September 1, 2004
- Maine, New Hampshire, Vermont, New York, Pennsylvania, New Jersey, Connecticut, Rhode Island, Massachusetts, Delaware, Maryland and the District of Columbia—September 1, 2004

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Health Care Partners

- The health care network is developed and maintained by Health Net
- The behavioral health network is developed and maintained by MHN, Inc. (MHN)
- Claims processing and claims customer service activities are provided and maintained by PGBA, LLC (PGBA)

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Behavioral Health Partner

- MHN manages the network of behavioral health providers for TRICARE beneficiaries
- Outpatient network
- Inpatient network
- Health Net/MHN
- 1-877-TRICARE (1-877-874-2273)

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Claims Processing Partner

- PGBA is Health Net's partner for claims processing in the TRICARE North Region
- The Health Net Web site, *www.healthnetfederalservices.com*, and PGBA Web site, *www.mytricare.com*, offer many online claims customer service features

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Beneficiary Education Seminar: Part Four

- **Eligibility**

- ***Who is eligible?***
- ***Defense Enrollment Eligibility Reporting System***
- ***Uniformed Services Identification Card***

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Who is eligible for TRICARE?

- Active duty service members (ADSMs) and retirees of any of the seven uniformed services
- Reserve Component members on active duty for more than 30 consecutive days (under Federal orders), from any of the seven uniformed services
- Spouses of active duty, retired, and eligible Reserve Component service members

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Who is eligible for TRICARE?

- Unmarried children (including stepchildren) up to age 21 (or 23 if full-time student)
- Past age 21—Mental/Physical incapacity
- Unmarried children remain eligible even if parents divorce or remarry
- Dependent parents and parents-in-law
  - Eligible for primary care in a military treatment facility
  - Can enroll in TRICARE Plus

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Dual Eligibility- TRICARE & Medicare

- Entitled to Medicare Part A under age 65 due to disability or end-stage renal disease
- Entitled to Medicare Part A at age 65
- Dual-eligible beneficiaries with the exception of ADFMs must purchase Medicare Part B to remain eligible for TRICARE
- TRICARE becomes second payer to Medicare

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Dual Eligibility– TRICARE & Veterans Affairs

- You may choose to use your TRICARE benefit at a VA medical facility as long as the service is covered under TRICARE and is not for a service-connected condition
- Care received at a VA facility for service—connected conditions must be received under veterans' benefits
- If seeking care outside a VA facility for a TRICARE-covered benefit, you must complete the entire “episode of care”

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North Atlantic Treaty Organization

- TRICARE benefits are extended to members of NATO's military force and their TRICARE-eligible family members while they are stationed in or passing through the U.S. on official NATO business
- Beneficiary must obtain a Foreign Identification Number to be eligible under TRICARE
- Eligible only for TRICARE Standard outpatient care, including outpatient maternity care
- Inpatient care, including newborn delivery, must be arranged through the NATO ADFM's embassy or consulate

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NATO - ADSMs

- NATO ADSMs may be referred to a civilian provider by the MTF for inpatient and outpatient care
- NATO ADSMs are not responsible for any deductibles or cost-shares when referred by the MTF
- NATO Claims Address:

  Health Net Federal Services, Inc
  c/o PGBA, LLC/TRICARE
  P.O. Box 870140
  Surfside Beach, SC 29587-9740

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Not Eligible for TRICARE

- Individuals not registered in DEERS
- Entitled to Medicare Part A and not enrolled in Medicare Part B (except for ADFMs)
- Persons eligible for CHAMPVA benefits

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DEERS

- Defense Enrollment Eligibility Reporting System (DEERS)
- Active and retired service members (sponsors) are automatically registered in DEERS
- Sponsors must register family members in the DEERS database
- Uniformed Services Identification Cards

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Changes in Status

- Activation, reenlistment, separation from active duty, or retirement
- Change of address
- Marriage or divorce
- Birth or adoption of a child
- Full-time student age 21 and over
- Death of spouse or child
- Address changes for spouse or children

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Update the Defense Enrollment Eligibility Reporting System (DEERS)

Keep your DEERS information current to ensure continued eligibility

- To Update Addresses:
  - **Visit:** Local personnel offices that have ID card facility
  - **Call:** Defense Manpower Data Center Support Office (DSO) Telephone Center at 1-800-538-9552--best time to call the Telephone Center is Wednesday-Friday, between 9-3 (Pacific Time) to avoid delays
  - **Fax:** 1-831-655-8317
  - **Mail:** DSO, Attn: COA or TFL, 400 Gigling Road, Seaside, CA 93955-6771
  - **Online:** Visit the TRICARE Web site at www.tricare.osd.mil and find "DEERS Address Change" on the pull down menu or www.tricare.osd.mil/DEERSAddress/

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Uniformed Services Identification Card

- Must have a valid ID Card
- Registered in the DEERS database
- ID Card indicates whether eligible for military or civilian health care

- Children under 10 can normally use either parent's or guardian's ID card, but must be registered in DEERS
- Children under 10 should have an ID card of their own when in the custody of a parent who is not eligible for benefits

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Beneficiary Education Seminar: Part Five

- **Important Beneficiary Information**
- ***Patient Rights and Responsibilities***
- ***Health Insurance Portability and Accountability Act (HIPAA)***
- ***Certificate of Creditable Coverage***
- ***Advance Directives***

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Patient Rights

- Getting information
- Choosing providers and plans
- Emergency care
- Participating in your treatment
- Respect and nondiscrimination
- Confidentiality of your health information
- Complaints and appeals

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Patient Responsibilities

- Maximize healthy habits
- Be involved in health care decisions
- Be knowledgeable about TRICARE coverage and program options
- Show respect for other patients and health care workers
- Make a good-faith effort to meet financial obligations
- Use the disputed claims process
- Report wrongdoing and fraud

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HIPAA

- Health Insurance Portability and Accountability Act (HIPAA) of 1996
- Protects the privacy of health care information from unauthorized disclosure and use
- Establishes basic patient rights regarding the use and disclosure of protected health information (PHI)
  - Paper—appointment books, sign-in sheets
  - Electronic—e-mails, prescriptions, faxes
  - Oral—telephone calls, appointments

HIPAA Beneficiary Rights

- Receive an MHS notice of privacy practices regarding your PHI
- Request access to or obtain a copy of PHI
- Request amendment of PHI
- Request an accounting of disclosures of PHI
- Request a restriction on uses and disclosures of PHI
- File a complaint regarding privacy infractions

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Notice of Privacy Practices

- Informs you how PHI may be used or disclosed
- Describes safeguards in place
- Explains patient privacy rights
- Privacy officers located at every MTF
- For more info on HIPAA: *www.tricare.osd.mil/hipaa*
- Questions can be e-mailed to: *hipaamail@tma.osd.mil*

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Certificate of Creditable Coverage

- Evidence of prior health coverage
- Receive automatically when you separate from the uniformed services and lose eligibility for TRICARE
- Usually required when changing from one insurance plan to another
- For questions, contact the Defense Manpower Data Center Support Office (DSO) at 1-800-538-9552
- If there is an urgent need for a Certificate of Creditable Coverage, you can fax your request to the DSO at 1-831-655-8317 or request that DSO fax it to you

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Advance Directives

- Living will
- Allows an individual to participate indirectly in future medical care decisions even if they become decisionally incapacitated, i.e., unable to make informed decisions
- Durable Power of Attorney for Health Care
- Makes medical care decisions for the patient in the event an individual is incapacitated

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Beneficiary Education Seminar: Part Six

- **TRICARE Program Options**

- ***TRICARE Prime, TRICARE Extra, and TRICARE Standard***
- ***TRICARE Prime Remote/TRICARE Prime Remote for Active Duty Family***
- ***Members***
- ***TRICARE For Life***
- ***TRICARE Plus***
- ***TRICARE Choices for the Reserve Component***
- ***TRICARE Dental Programs***
- ***Uniformed Services Family Health Plan***
- ***TRICARE Overseas Program***
- ***Program for Persons with Disabilities***
- ***Transitional Health Care Benefits***

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TRICARE Prime

- Managed care option
- Enrollment required
- Fewer out-of-pocket costs
- Select (or are assigned) a primary care manager (PCM)
- Care received at MTFs and in the civilian preferred provider network
- Guaranteed access standards
- No claims to file

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Eligibility for TRICARE Prime

- Active duty service members—required to enroll in TRICARE Prime and MUST fill out an enrollment application
- Active duty family members, retired service members and their family members under age 65 may choose to enroll in TRICARE Prime
- Members of the Reserve Component and their family members if sponsor is activated for more than 30 consecutive days

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Enrolling in TRICARE Prime

- Active duty and family members—no enrollment fee
- Retirees—$230 for individual/$460 for families
- Enroll by 20th of month—effective 1st of the next month
- If you enroll after the 20th of the month, your enrollment will begin on the 1st day of the 2nd month after that
- Enrollment is continuous

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Newborn Enrollment

- Newborns are covered under TRICARE Prime for the first 60 days after birth—*as long as one additional family member is enrolled in TRICARE Prime*
- After 60 days, if not enrolled in TRICARE Prime, newborn claims will process under TRICARE Standard
- Eligibility for TRICARE Standard ends 365 days after birth for any newborn who is not properly registered in DEERS

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Enrollment Portability

- Transfer TRICARE Prime enrollment from one TRICARE Region to another
  - Active duty enrollees and their families have unlimited transfers without a break in coverage
  - Retirees and their families may transfer twice in a single enrollment year as long as second transfer is back to the original enrollment location
- Select a new PCM in the new region
- Update your new address in DEERS

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Split Enrollment

- Allows TRICARE Prime families who live in separate TRICARE regions to enroll in TRICARE Prime together
- No limits on number of family members enrolling
- Retirees will only be responsible for one family enrollment fee ($460 per year)
- When using the split enrollment feature, beneficiaries must notify the contractors in each region and designate a family payer

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TRICARE Prime Re-enrollment

- TRICARE Prime enrollment continuous
- Each year at the time of your enrollment anniversary date, you are given the option to disenroll
- For active duty family members, you will be sent one letter and a discontinuation form 30 days before your enrollment anniversary date
- If you want to remain enrolled in TRICARE, you don’t have to do anything
- If you or anyone in your family would like to discontinue enrollment in TRICARE Prime, indicate that on the form and return it to Health Net
- Retirees could be disenrolled due to non-payment

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TRICARE Online

- Access Registration
- Access Appointments
- Access Resources
- Access Help

TRICARE Online.com

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Guaranteed Access Standards

- Urgent care appointment—24 hours or less
- Routine appointment—One week or less
- Specialty appointment or wellness visit—Within four weeks or 28 days
- Travel time may not exceed 30 minutes from home to your PCM's office
- You should not have to travel more than one hour from your home for referred specialty care

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MTF—The First Option for Care

- TRICARE Prime beneficiaries must seek care from an MTF when it is available
- Inpatient admissions, specialty appointments, procedures requiring prior authorization
- If the service is not available at the MTF within the appropriate access standards, you will be referred to a TRICARE network provider
- Check with Health Net for more information

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MTF—Priorities for Care

1. Active duty service members
2. Active duty family members enrolled in TRICARE Prime
3. Retirees, their family members, and survivors enrolled in TRICARE Prime
4. Active duty family members NOT enrolled in TRICARE Prime
5. Retirees, their family members, and survivors NOT enrolled in TRICARE Prime
6. All other eligible beneficiaries

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Prime Service Areas

- Formerly called MTF catchment areas
- Now includes areas where a large number of TRICARE beneficiaries reside but without an MTF nearby
- Eligible TRICARE Prime beneficiaries who reside within a prime service area may be required to receive certain services from a network provider
- Health Net is required to offer TRICARE Prime in each prime service area

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Primary Care Manager (PCM)

- MTF or network provider
- Provides most of your care and coordinates specialty care when needed
- Knows your family and medical history, lifestyle, and habits
- Helps you develop and carry out a personal health maintenance and improvement program
- Prevents and detects health problems through regular screenings and wellness education

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PCM Visits—Cost-Shares

- Care at an MTF—No cost-shares for active duty service members, retirees, and families
- Care from a network provider
  - Active duty service members and their families, no cost-shares
  - Retirees and family members, $12 cost-shares

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Referrals

- TRICARE Prime beneficiaries will be referred to MTF first when it can provide the specialty services needed. Call 1-877-TRICARE (1-877-874-2273) for specific information about the MTFs in your TRICARE Prime service area
- Specialty care referrals will be approved for a specific length of time and number of visits
- Follow the appropriate procedure for specialty referrals to avoid responsibility for charges other than your cost-shares
- If you have other health insurance, you must follow the network referrals rules for that carrier

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Prime Travel Entitlement

- When referred for specialty care at a location more than 100 miles from your PCM, you may be eligible to have your "reasonable travel expenses" reimbursed
- Includes the actual costs incurred when traveling such as meals, gas/oil, tolls, parking, and public transportation
- Contact your MTF or the TRICARE Regional Office for more information or visit the TRICARE Web site at: *www.tricare.osd.mil/primetravel*

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TRICARE Prime Point-of-Service (POS) Option

- Freedom to use any TRICARE-authorized provider
- In or out of network—no referrals needed
- Nonavailability statement is not necessary
- Subject to deductibles and cost-shares
- Point-of-service option is more costly to the TRICARE Prime enrollee
- Does not apply to active duty service members

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POS Cost-shares and Deductibles

- Annual outpatient deductibles are $300 for an individual and $600 for family
- 50% cost-shares for outpatient and inpatient claims
- Excess charges up to 15% over the allowed amount
- The 50 percent cost-share continues to be applied even after the catastrophic cap has been met

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TRICARE Extra

- Preferred provider option
- No enrollment required
- Seek care from any TRICARE network provider
- Responsible for annual deductibles and discounted cost-shares
- Providers will file claims for you
- May seek care in an MTF on a space-available basis
- Active duty service members are not eligible for TRICARE Extra

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TRICARE Extra - Costs

- Annual deductible
  - Active duty E-4 and below: $50 individual/$100 for family
  - Active duty E-5 and above: $150 individual/$300 for family
  - Retirees and families: $150 individual/$300 for family
- Cost-shares after deductible has been met
  - Active duty family members: 15% of negotiated rate
  - Retirees and their family members: 20% of negotiated rate
- Providers cannot charge more than the negotiated rate for services rendered

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TRICARE Standard

- Fee-for-service option
- No enrollment required
- Seek care from any TRICARE-authorized provider
- Responsible for annual deductibles and cost-shares—highest out-of-pocket expense
- May have to pay provider then file claim for reimbursement
- May seek care in an MTF on a space-available basis
- Active duty service members are not eligible for TRICARE Standard

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TRICARE Standard Costs

- Annual deductible
  - Active duty E-4 and below: $50 individual/$100 for family
  - Active duty E-5 and above: $150 individual/$300 for family
  - Retirees and families: $150 individual/$300 for family
- Cost-shares after deductible has been met
  - Active duty family members: 20% of allowed charges
  - Retirees and their family members: 25% of allowed charges
- May be responsible for up to 15% above the TRICARE allowable charge for services if providers do not participate in TRICARE

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Catastrophic Cap

- ADFMs using TRICARE Standard—$1,000 per fiscal year
- All other beneficiaries using TRICARE Standard (retirees, family members of retirees, survivors, former spouses)
  - $3,000 per fiscal year
- ADFMs using TRICARE Prime
  - $1,000 per fiscal year
- All other beneficiaries using TRICARE Prime (retirees, family members of retirees, survivors, former spouses)
  - $3,000 per enrollment year

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TRICARE Extra vs. Standard

Extra

- Any TRICARE network provider
- Active duty family member: 15% of negotiated rate
- Retirees: 20% of negotiated rate
- Providers will file claims for you
- Not responsible for additional charges for covered benefits

Standard

- Any TRICARE-authorized provider
- Active duty family member: 20% of allowable charge
- Retirees: 25% of allowable charge
- May have to file claims
- Nonparticipating providers may charge up to 15% above allowable charge for services

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Nonavailability Statement (NAS)

- A certification from the MTF that it cannot provide a specific service
- Only required for behavioral health admissions*
- Does not replace the requirement for prior authorizations

**NAS requirement was eliminated for all inpatient admissions except for behavioral health admission effective December 28, 2003. An NAS is no longer required for maternity care or newborn inpatient admissions*

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TRICARE Prime Remote

- Provides the TRICARE Prime option for active duty service members who live and work more than 50 miles from an MTF
- Active duty service members must enroll in TRICARE Prime Remote (TPR)
- Similar benefits, costs, and rules as TRICARE Prime
- Find out if you reside in a designated TPR Service Area online at: *www.tricare.osd.mil/remote*

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TRICARE Prime Remote for Active Duty Family Members

- ADFMs residing with their TPR-enrolled sponsors are eligible for TPRADFM
- Must enroll with Health Net
- Family members who are enrolled in TPRADFM may remain enrolled even if the sponsor receives unaccompanied permanent change of station orders as long they continue to reside in the same TPR location

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TPR/TPRADFM Primary Care Services

- May seek care from non-network provider if a network provider is not available
- Beneficiaries may receive primary care services without a referral or authorization
- POS option <u>does not</u> apply to active duty service members enrolled in TPR
- POS option <u>does</u> apply to active duty family members enrolled in TPRADFM

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TPR/TPRADFM Authorization Requirements

- Authorization required for:
  - Any procedure or service shown on the medical necessity review list
  - Adjunctive dental care
  - Behavioral health services
- Failure to obtain prior authorization will cause the claim to be denied initially
- The denial may ultimately be reversed or upheld

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Authorization Requirements – TPR Active Duty Service Members

- If authorization is not obtained before a service is rendered to an ADSM
  - Claim is deferred to the Military Medical Support Office
  - Service Point of Contact (SPOC) may instruct PGBA, LLC to deny the claim
  - "Denied Per SPOC" appears on the remittance advice
- In such cases, the ADSM is responsible for payment and can appeal the denial by submitting a request in writing to the SPOC

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Referral and Authorization Process TPR Active Duty Service Members

- Contact Health Net for assistance in obtaining referrals and prior authorizations
  - 1-877-TRICARE (1-877-874-2273)
- All nonemergency admissions and specialty care must have prior authorization

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TPR/TPRADFM Costs

- No annual deductible
- No annual enrollment fees
- No cost-shares, except:
  - When filling prescriptions through the TRICARE Mail Order Pharmacy, in the TRICARE Retail Pharmacy Network, or at non-network pharmacies for active duty family members
  - For costs associated with the Program for Persons with Disabilities (if enrolled) for active duty family members

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TRICARE For Life

- TRICARE's Medicare-wraparound coverage
- Available to beneficiaries who are entitled to Medicare Part A and purchase Medicare Part B
- TRICARE pays second to Medicare beginning on the first day of the month that your Medicare Part B is effective
- In most cases, Medicare will pay first and the remaining out-of-pocket expenses will be paid by TRICARE

TRICARE Hampton Roads

TRICARE For Life—Eligibility

- TRICARE For Life is available to all TRICARE-eligible beneficiaries age 65 and older who have Medicare Part A and Part B
- This includes:
  - Medicare-eligible uniformed services retirees, including retired guard members and reservists
  - Medicare-eligible family members and widows/widowers (dependent parents and parents-in-law are excluded)
  - Medicare-eligible Congressional Medal of Honor recipients and their family members
  - Certain Medicare-eligible unremarried former spouses

TRICARE Hampton Roads

TRICARE For Life—Covered Services

- For services covered by both Medicare and TRICARE, Medicare will pay first and TRICARE will pay second
- For services covered by TRICARE but not Medicare, TRICARE pays its portions and you are responsible for TRICARE deductibles and cost-shares
- For services covered by Medicare but not TRICARE, Medicare pays its portion and you are responsible for Medicare cost-shares
- For services not covered by TRICARE or Medicare, you are responsible for all costs

TRICARE Hampton Roads

TRICARE For Life— Costs

- No TRICARE fees for TRICARE For Life
- Must pay your Medicare Part B premiums.
- Automatically deducted from your Social Security check
- Check with Medicare on current Medicare Part B premiums.
- If you choose not to enroll in Medicare Part B when first entitled to Part A, a premium surcharge* may be applied

You may be eligible to have your premium surcharges waived. Visit www.tricare.osd.mil for more information.

TRICARE Hampton Roads

Medicare Part B

- Enroll in Part B during your Initial Enrollment Period (Exception: if you are working under an employer group health plan because you or your spouse are still working)
- May enroll during general enrollment period (January 1-March 31) each year
- For more information:
  - Phone: 1-800-772-1213
  - TTY/TDD: 1-800-325-0778
  - Visit Social Security Administration online at: *www.ssa.gov*

TRICARE Hampton Roads

TRICARE Plus

- MTF primary care enrollment program
- All beneficiaries not enrolled in TRICARE Prime may enroll where capacity exists
- Beneficiaries should contact their local MTF to find out if they participate in TRICARE Plus

TRICARE Hampton Roads

TRICARE Choices for the Reserve Component

- When sponsor is activated for more than 30 consecutive days
- Reserve Component members become eligible for TRICARE the same as ADSMs
- Family members
  - TRICARE Prime, TRICARE Prime Remote for Active Duty Family Members, TRICARE Extra, and TRICARE Standard on the first day of sponsor's orders
    - *Must meet all other requirements for TRICARE Prime Remote for Active Duty Family Members*
  - TRICARE Pharmacy Program
  - TRICARE Dental Program

TRICARE Hampton Roads

TRICARE Reserve Family Demonstration Project

Available to families of the Reserve Component called to active duty for more than 30 consecutive days in support of operations that result from the September 11, 2001 terrorist attacks*—OPERATIONS ENDURING FREEDOM, NOBLE EAGLE, and IRAQI FREEDOM

Under Executive Order 13223, 10 U.S.C 12302, 10 U.S.C 12301(d), or 32 U.S.C. 502(f).

TRICARE Hampton Roads

January 20
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Reserve Family Demonstration Project

- Waiver of TRICARE Standard/Extra annual deductible
- Waiver of TRICARE-allowable charge
- Waiver of requirement to obtain a nonavailability statement for inpatient behavioral health care

TRICARE Hampton Roads

January 20
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Temporary Reserve Component Benefits

- Recently enacted 2005 Emergency Supplemental Appropriations Act and National Defense Authorization Act
- Authorizes temporary health care benefits for Reserve Component members and their families
- Visit *www.tricare.osd.mil/reserve* for more information about these benefits

TRICARE Hampton Roads

TRICARE Dental Program (TDP)

- Voluntary dental program administered by United Concordia Companies, Inc. (UCCI)
- Available to:
  - Eligible active duty family members
  - Selected Reserve and Individual Ready Reserve members and their eligible family members
- Active duty and Reserve Component members called to active duty for more than 30 consecutive days receive their dental care in military dental treatment facilities, so not eligible for TDP
- Visit *www.ucci.com* for more information

TRICARE Hampton Roads

TRICARE Retiree Dental Program (TRDP)

- Voluntary dental program administered by Delta Dental Plan of California
- Available to:
  - Uniformed services retirees and their eligible family members
  - Certain surviving family members of deceased active duty service members
  - Medal of Honor recipients, their immediate family members
  - Survivors
- Visit *www.trdp.org* for more information

TRICARE Hampton Roads

Uniformed Services Family Health Plan

- A TRICARE Prime-like option
- Available to:
  - Active duty family members
  - Retirees and their eligible family members including those age 65 and over
- Offers all of the health care coverage and benefits, plus some additional enhancements, at the same costs as TRICARE Prime
- You cannot use your TRICARE benefits if you enroll in the USFHP

USFHP—Accessing Care

- Do not access MTFs or Medicare providers
- Receive care from a primary care physician in a network of private physicians
- Covered for worldwide emergency care and many preventive care services
- Can access on-site patient advocates for assistance
- Includes discounts for eyeglasses, hearing aids, and dental care

TRICARE Hampton Roads

USFHP—Enrollment

- Submit a completed application to the USFHP program of choice
- Must reside in one of the service areas listed on the next slide
- May enroll at anytime throughout the year with a one-year commitment, unless you move out of the area where the plan is offered
- Enrollment fees, if applicable, are portable to another TRICARE Prime program

TRICARE Hampton Roads

USFHP Designated Providers

- Martin's Point Health Care—Maine and New Hampshire
- Brighton Marine Health Center—Central and Eastern Massachusetts and Rhode Island
- St. Vincent Catholic Medical Centers—Parts of New York, New Jersey, Eastern Pennsylvania, and Southern Connecticut
- Johns Hopkins Community Physicians—Central Maryland, Pennsylvania, Northern Virginia, and West Virginia
- CHRISTUS Health—Southeast Texas and Southwest Louisiana
- Pacific Medical Clinics—Puget Sound area/ Washington State
- *www.usfamilyhealthplan.org*

TRICARE Hampton Roads

TRICARE Overseas Program (TOP)

- DoD's integrated health care delivery system for all geographic areas and territorial waters outside the 50 United States
- Blends many of the features of the stateside TRICARE programs while allowing for the significant cultural differences unique to foreign countries and their health care practices
- TRICARE Europe, TRICARE Pacific, and TRICARE Latin America and Canada, which includes the Caribbean Basin

TRICARE Hampton Roads

TOP Benefit Packages

- TOP Prime—for active duty service members and their eligible family members residing with their sponsor overseas
- TOP Standard—identical to the stateside program, including cost-shares and annual deductibles; available to active duty family members and retirees
- TOP TRICARE For Life—provides coverage similar to TRICARE Standard for Medicare-eligible beneficiaries overseas
- TRICARE Global Remote Overseas—for active duty service members and families residing in remote overseas locations

TRICARE Hampton Roads

Overseas Pharmacy Services

- You may have prescriptions filled at MTF pharmacies in all overseas locations, if the medication is available on the MTF's formulary
- TRICARE Mail Order Pharmacy (TMOP) may be used if you have an APO or FPO address or a state department mail pouch for pharmacy
- TRICARE retail network pharmacy benefit available overseas only in Puerto Rico, the Virgin Islands, and Guam
- For more information about TRICARE benefits available overseas, call 1-888-777-8343

TRICARE Hampton Roads

Program for Persons with Disabilities

- Provides financial assistance to AD families who have at least one family member with mental retardation or a serious physical disability
- The monthly cost-share amount for the PFPWD varies from $25-$250, depending on the active duty sponsor's rank
- May be used concurrently with other TRICARE programs
- PFPWD will be replaced during 2005 by the new TRICARE Extended Health Care Option (ECHO)

TRICARE Hampton Roads

Transitional Assistance Management Program

- Provides transitional health care to certain uniformed services members and their families:
  - Member involuntarily separated from active duty under honorable conditions
  - Reserve Component* member called up in support of a contingency operation for more than 30 consecutive days and then separated from active duty
  - Member who is separated from active duty then retained in support of a contingency operation
  - Member who is separated from active duty following a voluntary agreement to stay on active duty for a period of less than one year in support a contingency operation
- Served less than six years total active federal military service—60 days
- Served for six years or more total active federal military service—120 days

Members of the Reserve Component may be eligible for an extended TAMP benefit. Visit www.tricare.osd.mil/reserve for more information.

TRICARE Hampton Roads

Continued Health Care Benefit Program

- Provides transitional benefits for a specified period of time (18-36 months) to:
  - Former service members and their families
  - Some unremarried former spouses
  - Emancipated children (living on their own)
- Benefits available under CHCBP are similar to TRICARE Standard
- Quarterly premium
  - $933 for individual
  - $1996 for family

TRICARE Hampton Roads

Beneficiary Education Seminar: Part Seven

•What TRICARE Covers

- ***What is Covered?***
- ***Emergency Care***
- ***Urgent Care***
- ***Nonemergency Care while Traveling***
- ***Clinical Preventive Services***
- ***Maternity Care/Family-Centered Care***
- ***Behavioral Health Care***
- ***Pharmacy***
- ***Limitations and Exclusions***

TRICARE Hampton Roads

Emergency Care

- Call 911
- Visit nearest emergency room
- Notify your PCM or Health Net as soon as possible of any emergency admission so that your follow-on care can be coordinated (if enrolled in TRICARE Prime)
- A family member can call on your behalf

TRICARE Hampton Roads

Urgent Care

- Medically necessary treatment that is required for illness or injury
- TRICARE Prime beneficiary must coordinate urgent care with PCM or Health Net before receiving care
- A TRICARE Prime beneficiary who seeks urgent care services without coordinating with his or her PCM will be utilizing the TRICARE Point-of-Service (POS) option

TRICARE Hampton Roads

Nonemergency Health Care While Traveling

- All routine medical care should be taken care of before you depart or delayed until you return and can see your PCM
- For out-of-area urgent/acute care, you must coordinate with your PCM or Health Net for an authorization before seeking care
- For out-of-area emergency care, call 911 or go to the nearest emergency room (civilian or military)

TRICARE Hampton Roads

Clinical Preventive Services

- Includes the following types of services:
  - Comprehensive physical exams
  - Procedures and screenings to detect cancer
  - Cholesterol, blood pressure, hepatitis B, rubella, tuberculosis, and pediatric blood lead screenings
  - Vision and hearing screening
  - Physical exams required for school enrollment
  - Immunizations
- Enhanced benefit under TRICARE Prime, TPR, and TPRADFM
- Available with TRICARE Extra and TRICARE Standard (applicable cost-shares apply)

TRICARE Hampton Roads

Maternity Care

- TRICARE helps pay for maternity care during pregnancy, delivery of the baby, and up to six weeks after the baby is born
- Parents have 120 days to enroll a newborn in DEERS and TRICARE Prime
- If TRICARE eligibility ends during the pregnancy, TRICARE does not cover any remaining maternity care, unless the family qualifies for the Transitional Assistance Management Program (TAMP) or has enrolled in the Continued Health Care Benefits Program (CHCBP)

TRICARE Hampton Roads

Family-Centered Care

- Offers maternity services starting with the first obstetric visit and continuing after the birth of the child
- Respect for the emotional well-being, privacy, and personal preferences of the mother and family members
- Empowerment through honoring your family's personal and cultural beliefs
- Flexibility to welcome fathers, significant others, and siblings to be a part of your childbirth experience

TRICARE Hampton Roads

Family-Centered Care—MTFs

- Improved continuity of providers for prenatal care
- Careful, seamless coordination between facilities if you need to transfer
- Personalized pain management
- Individualized birth plans
- Improved access to first trimester appointments
- Private postpartum rooms
- Lactation education and support

Maternity Health Care Choices

- Free to use any TRICARE-authorized provider—network or non-network if not enrolled in TRICARE Prime
- TRICARE Prime enrollees will be referred to an MTF for maternity care first before seeking care in the civilian network
- Families should consider costs and availability of civilian providers when deciding where to obtain maternity care

TRICARE Hampton Roads

Maternity Expenses

- Prenatal care, labor and delivery, and postnatal care with a civilian provider—cost-shares will apply
- The amount of the cost-share varies based on the length of stay in the hospital, and the medical needs of the mother and baby
- If a woman delivers early and has complications, the costs of her and her baby's care at a civilian facility could really add up in TRICARE Extra or Standard cost-shares

TRICARE Hampton Roads

Behavioral Health Covered Services

- Behavioral health/substance abuse treatment covered by TRICARE includes, but is not limited to:
  - Outpatient behavioral health therapy
  - Medication management
  - Hospitalization for behavioral health treatment
  - Partial hospitalization for mental illness
  - Substance abuse treatment

TRICARE Hampton Roads

Getting Behavioral Health Care

- You are encouraged to receive behavioral health care from an MTF
- When not available, seek care from a network provider for the greatest cost-savings
- Check with your PCM or Health Net for referral and authorization requirements

TRICARE Hampton Roads

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TRICARE Pharmacy Program

- MTF Pharmacy
- TRICARE Mail Order Pharmacy
- TRICARE Retail Network Pharmacy
- Non-network Retail Pharmacy

TRICARE Hampton Roads

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MTF Pharmacies

- Prescriptions may be filled at an MTF pharmacy at no charge (least costly to patient and DoD)
- If medication is in stock, it will be filled but best to call ahead
  - Up to 30-day supply for controlled substances
  - Up to 90-day supply for all other medications
- MTF pharmacies will accept written prescriptions from any TRICARE-authorized provider

TRICARE Hampton Roads

TRICARE Mail Order Pharmacy (TMOP)

- Convenient home delivery (FPO or APO for overseas locations)
  - Low Cost
    - Generic medication—$3 for up to a 90-day supply
    - Brand name medication—$9 for up to a 90-day supply
    - Non-formulary medication—$22 for up to a 90-day supply
    - Note: Up to a 30-day supply for controlled substances
  - Free Shipping and Handling
  - For more information:
    - Visit *www.express-scripts.com/TRICARE*
    - 1-866-DoD-TMOP (1-888-363-8667)

TRICARE Hampton Roads

TRICARE Retail Pharmacy Network

- May have prescriptions filled at a pharmacy in the TRICARE network
- Portable across all regions—no claims to file
- Generic medication—$3 per 30-day supply
- Brand name medication—$9 per 30-day supply
- Non-formulary medication—$22 per 30 day supply
- Administered by Express Scripts, Inc.
- Visit *www.tricare.osd.mil/pharmacy* to locate a retail network pharmacy near you
- 1-866-DoD-TRRx (1-866-363-8779)

Note: A 90-day supply from the TRICARE Retail Pharmacy Network requires three cost-shares to be paid

TRICARE Hampton Roads

Non-Network Pharmacies

- Most costly option
- TRICARE Standard deductibles and cost-shares apply
- TRICARE Prime POS option applies for TRICARE Prime beneficiaries
- May have to pay for prescription and file claim with Express Scripts for reimbursement

TRICARE Hampton Roads

Generic Drug Use Policy

- Generic drugs will be substituted for brand name when available
- Must justify medical necessity for brand name to be dispensed
- If generic equivalent drug does not exist the brand name drug will be dispensed

TRICARE Hampton Roads

Drugs Requiring Prior Authorization

- Certain medications require prior authorization
- Per DoD contracts, some drugs must be dispensed from retail, MTF, or mail order pharmacy
- TRICARE covers all FDA approved prescription drugs approved for outpatient use with some exclusions established by law
- 1-877-DoD-MEDS (1-877-363-6337)
- *www.tricare.osd.mil/pharmacy*

TRICARE Hampton Roads

Pharmacy Data Transaction Service

- Creates a global centralized data repository
- Reduces the likelihood of adverse drug-to-drug interactions, therapeutic overlaps, and duplicate treatments
- Conducts an online proactive clinical screening (drug interaction check)
- This is done before it is dispensed to the patient, unless it is obtained from a non-network pharmacy

TRICARE Hampton Roads

Limitations: Services and Procedures

- List of services generally not covered under TRICARE:
  - Abortions: life threatening conditions to the mother only
  - Chiropractic Care: active duty members only in select MTFs
  - Eyeglasses and Contact Lenses: covered under limited circumstances
  - Private Hospital Room: medical reasons only
  - Smoking Cessation: specific criteria

* ***The items here are not intended to be all-inclusive***

TRICARE Hampton Roads

Exclusions: Services and Procedures

- The following services are excluded under any circumstances:
  - Acupuncture
  - Birth control (non-prescription)
  - Care that is not medically or psychologically necessary
  - Foot care (routine)

**** The items here are not intended to be all-inclusive***

TRICARE Hampton Roads

Beneficiary Education Seminar: Part Eight

- **Ensuring Customer Satisfaction**
- *TRICARE Service Centers*
- *Health Net Customer Service Line*
- *Beneficiary Counseling and Assistance Coordinator (BCAC)*
- *Debt Collection Assistance Officer (DCAO) Program*
- *How to Understand Costs and Fees*
- *Claims Processing*
- *TRICARE and Other Health Insurance*
- *Third Party Liability*
- *Appeals and Grievances*
- *Fraud and Abuse*

TRICARE Hampton Roads

TRICARE Service Centers

- Customer Service Representatives
- Beneficiary Counseling and Assistance Coordinators
- “Online TRICARE Service Center” is available through the Health Net Web site
- 1-877-TRICARE or 1-877-874-2273

TRICARE Hampton Roads

Health Net Customer Service Line

- 1-877-TRICARE (1-877-874-2273)
- Offering extended hours from 8 a.m to 7 p.m. Eastern time and from 7 a.m. to 6 p.m. Central time
- Interactive Voice Response (IVR) feature, which allows 24-hour, seven-day-a-week access to self-service options, including claims status, eligibility inquiries, and TRICARE allowable charge rates

TRICARE Hampton Roads

Beneficiary Counseling and Assistance Coordinator (BCAC)

- Improve customer service and satisfaction
- Enhance beneficiary education
- Troubleshoot complicated, delayed, and mishandled issues
- Respond to phone, e-mail, and written correspondence
- BCACs are located at each MTF
- BCAC Directory: *www.tricare.osd.mil/BCACDirectory.cfm*

TRICARE Hampton Roads

Debt Collection Assistance Officer (DCAO) Program

- Assists with TRICARE-related collection (debt) problems
- DCAOs are located at each MTF
- Contact DCAO when a collection notice is received
- Assist with negotiations with collection agencies, credit bureaus, and agencies
- Research the problem and recommend appropriate actions to resolve the problem
- Contact you when it is resolved

TRICARE Hampton Roads

Understanding Costs and Fees

- TRICARE Beneficiary Handbook
  - "What TRICARE Covers"—provides cost-shares and cost-share information for TRICARE-covered services
  - "Understanding TRICARE Costs and Fees"—provides information about:
    - Annual deductibles
    - TRICARE Prime Point-of-Service option
    - Catastrophic cap benefit
    - Other health insurance
    - Third party liability
    - TRICARE explanation of benefits
- *Visit www.tricare.osd.mil/tricarecost.cfm*

Claims Processing

- PGBA, LLC (PGBA) is Health Net's claims processing partner in the TRICARE North Region
- If using TRICARE Prime or TRICARE Extra, your provider will file claims for you
- Beneficiaries using TRICARE Standard may be required to file their own claims
- *www.healthnetfederalservices.com*
- *www.mytricare.com*

TRICARE Hampton Roads

Submitting Claims—Transition

- Virginia*, West Virginia*, North Carolina, Kentucky, Ohio, Indiana, Illinois, Michigan, Wisconsin, and portions of Iowa (Rock Island Arsenal area, Missouri (St. Louis area) and Tennessee (Ft. Campbell area)—July 1, 2004
  - Eastern W. Virginia and Northern Virginia near Washington D.C. (former Region One) will transition on September 1, 2004
- Dates of service prior to or on June 30, 2004—continue to send to Humana Military/PGBA within 60 days from date of service
- All claims with dates of service on July 1, 2004 or after should be sent to the following address:
  - Health Net Federal Services, Inc.
    c/o PGBA, LLC/TRICARE
    P.O. Box 870140
    Surfside Beach, SC 29587-9740

TRICARE Hampton Roads

Submitting Claims—Transition

- Maine, New Hampshire, Vermont, New York, Pennsylvania, New Jersey, Connecticut, Rhode Island, Massachusetts, Delaware, Maryland, and the District of Columbia
  - * Eastern W. Virginia and Northern Virginia will transition in September 1, 2004
- Dates of service prior to or on August 31, 2004 - continue to send to Sierra Military Health Services/PGBA within 60 days from date of service
- All claims with dates of service on September 1, 2004 or after should be sent to the following address:
  - Health Net Federal Services, Inc.
    c/o PGBA, LLC/TRICARE
    P.O. Box 870140
    Surfside Beach, SC 29587-9740

TRICARE Hampton Roads

Explanation of Benefits (EOB)

- Important statement sent to you showing what action has been taken on your TRICARE claims
- EOBs are sent to you for your information and files—<u>they are not bills</u>
- After reviewing the EOB, you have the right to appeal certain decisions regarding your claims and must do so in 90 days in writing

TRICARE Hampton Roads

TRICARE and Other Health Insurance

- TRICARE pays after all other health insurance plans except for:
  - Medicaid
  - TRICARE supplements
  - The Indian Health Service
  - Other programs/plans as identified by TMA
- Not required to obtain TRICARE referrals or prior authorization for covered services, except for adjunctive dental care, the PFPWD, and behavioral health care services
- However, you must follow the OHI referral and authorization requirements if applicable

TRICARE Hampton Roads

Third Party Liability

- Federal Medical Recovery Act allows TRICARE to be reimbursed for costs of treating you if you are injured in an accident that was caused by someone else
- DD Form 2527 Statement of Personal Injury Third Party Liability Form
- Within 35 calendar days, you must complete and sign this form and return the form to the appropriate claims processor
- *www.healthnetfederalservices.com*

TRICARE Hampton Roads

Appealing a Decision

- If you believe a service or claim was improperly denied, in whole or in part, you (or another appropriate party) may file an appeal
- A proper appealing party may include: TRICARE participating provider(s) who are not network providers but accept TRICARE assignment, parents or legal guardians of minors, or a formally appointed representative of the beneficiary
- There are two types of appeals:
  - Your claim has been denied
  - Your prior authorization for care has been denied

TRICARE Hampton Roads

Claim Appeals

- Claim appeals can involve a full or partial denial of a claim
- The appeal must be in writing and filed within 90 calendar days of the date on the explanation of benefits (EOB)
- You will receive a reply from Health Net within 30 days of receipt of your appeal
- Mail claim appeals to:

  Health Net Federal Services, Inc.
  c/o PGBA, LLC/TRICARE Claim Appeals
  P.O. Box 870148
  Surfside Beach, SC 29587-9748

TRICARE Hampton Roads

Prior Authorization Appeals

- A prior authorization is the formal approval required by Health Net before you may obtain a TRICARE covered service. In some cases, Health Net may deny prior authorizations if:
  - It is determined that the requested service could be provided at another level of care (a doctor's office rather than a hospital)
  - It is determined that the service is not medically necessary or not a TRICARE benefit.
  - You are an inpatient at a medical facility and an extended stay has been denied

TRICARE Hampton Roads

Grievances

- A grievance is a written formal complaint about service or care: quality of care, quality and availability of service, timeliness of services, appropriateness of care, and inappropriate behavior on the part of a health care provider
- It is best to resolve your complaint with your health care provider
- If the provider is unable to help you, you may submit your grievance in writing to Health Net for resolution
- If you have a grievance concerning an MTF, it must be filed with the MTF
- Mail grievances to:

Health Net Federal Services, Inc.
c/o PGBA, LLC/TRICARE Grievance
P.O. Box 870150
Surfside Beach, SC 29587-9750

TRICARE Hampton Roads

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Fraud and Abuse

- All potential fraud or abuse must be reported to the Health Net Program Integrity Department
- If you suspect fraud or abuse:
  - Call the Health Net Fraud and Abuse Hotline at: 1-800-977-6761
  - Send an e-mail message to: *program_integrity@health.net*
  - Visit www.healthnetfederalservices.com
  - Mail the information to:

    Health Net Federal Services, Inc.
    Attn: Program Integrity
    P.O. Box 870147
    Surfside Beach, SC 29587-9747

TRICARE Hampton Roads

Filing a Prior Authorization Appeal

- An <u>expedited review</u> must be filed by you or an appointed representative within three calendar days after receipt of the initial denial
  - Health Net will issue a determination letter no later than three working days after your request for review is received
- A <u>non-expedited review</u> must be filed no later than 90 days after receipt of the initial denial
  - You may have missed the filing deadline for an expedited appeal, or you may not need an expedited review. In this case, Health Net will issue a determination letter within 30 days after your request for review
- Health Net Federal Services, Inc.
  c/o PGBA, LLC/TRICARE Authorization Appeals
  P.O. Box 870142
  Surfside Beach, SC 29587-9742

TRICARE Hampton Roads

Beneficiary Education Seminar: Part Nine

- **For Information and Assistance**

  - ***Health Net Web Site***
  - ***HealthShare***
  - ***Health Net Provider Directory***
  - ***TRICARE National Resources***
  - ***Important Telephone Numbers***

TRICARE Hampton Roads

Health Net Web Site

- *www.healthnetfederalservices.com*
- Features the following:
  - TRICARE Prime enrollment, benefits, and cost-shares
  - Information about referrals and authorizations
  - Claims information
  - AudioHealth Library featuring hundreds of recorded health topics which can help you stay healthy
  - “Online TRICARE Service Center”
  - TRICARE Service Center Directory
  - Health Net Provider Directory

TRICARE Hampton Roads

HealthShare

- In support of delivering high quality health care, Health Net utilizes HealthShare, a Web-based tool, to refer beneficiaries to hospitals with the most favorable outcomes
- HealthShare is accessed through the Health Net web site at: *www.healthnetfederalservices.com*
- Compare hospitals and become more knowledgeable about hospital care

TRICARE Hampton Roads

Health Net Provider Directory

- Health Net Web site features an online directory of MTFs and network providers
- Updated weekly to reflect the most current provider information
- Provider contact information
- Indicates whether the provider is accepting new patients
- Can also search by name, type of provider, and desired characteristics of the provider

TRICARE Hampton Roads

TRICARE National Resources

- TRICARE Web Site: *www.tricare.osd.mil*
- TRICARE Online: *www.tricareonline.com*
- TRICARE Information Service
  - Mon-Fri 8 a.m. to 8 p.m. Eastern time
  - 1-888-363-CARE (1-888-363-2273)
  - Will be phased out within the next two years

TRICARE Hampton Roads

Important Telephone Numbers

- Health Net
  1-877-TRICARE (1-877-874-2273)
- TRICARE Mail Order Pharmacy
  (Express Scripts)
  1-866-DoD-TMOP (1-866-363-8667)
- TRICARE Retail Pharmacy (Express Scripts)
  1-866-DoD-TRRx (1-866-363-8779)
- Hampton Roads Appointment Center
  1-866-MIL-HLTH (1-866-645-4584)

TRICARE Hampton Roads

Thank You!

- TRICARE offers a comprehensive health benefit for our beneficiaries
- From preventive health services, to better coordination with our civilian system and lower out-of-pocket costs for families, we have designed and fully implemented a strong, more uniform benefit
- Wherever we maintain medical capability and capacity, whether through military or civilian services, our goal is a world-class health benefit that serves the needs of our members

TRICARE Hampton Roads

TRICARE Product Feedback

- Please provide feedback on this presentation at:
  http://www.tricare.osd.mil/evaluations/presentations

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